, Desi Avallable Copy								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000														
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			16					RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		•			X\$ 9	=		OR	X\$18=		
INDEPENDENT CLAIMS			U minus 3 =					X40=			OR	X80=	90	
ML	LTIPLE DEPEN	IDENT CLAIM P	RESENT					+135=			OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L.		OR	TOTAL	790	
CLAIMS AS AMENDED - PART II /////							0	4				OTHER		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMAL	LLE	NTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 12	Minus	2	0			X\$ 9=	=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	PENDENT	4	[= -		X40=	-		OR	X80=		
	ENIOT THEOL		DETTI EE DET	LIVELIV	GEARN		•	+135=	-		OR	+270=		
								TOT			OR	TOTAL		
	ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		=		X\$ 9=	-		OR	X\$18=		
	Independent	NTATION OF MI	Minus	***	CLAIM	<u> </u> =		X40=			OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			OR	+270=		
							A	TOTA ODIT. FE			OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)													İ	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	4	Minus	••		=		X\$ 9=			OR	X\$18=		
	Independent	•	Minus	•••		=	lt	X40=	1		ı	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+		OR			
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
•••	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number to und in the appreciate box is referred.													